THIS IS A 3-PAGE FORM - ALL INFORMATION IS REQUIRED FOR PROJECT REVIEW

HISTORIC DISTRICT COMMISSION PROJECT REVIEW REQUEST

City of Detroit - Planning & Development Department 2 Woodward Avenue, Suite 808
Detroit. Michigan 48226

Detroit, Michigan 46226	5	DAIL
PROPERTY II	NFORMATION	
ADDRESS(ES):		_ AKA:
PARCEL ID:	HISTORIC DIS	STRICT:
SCOPE OF WORK: (Check ALL that apply)	Windows/ Walls/ Painting Demolition Signage New Building	Roof/Gutters/ Porch/Deck/ Addition Major Alteration (3+ scope items) Roof/Gutters/ Porch/Deck/ Addition Site Improvements (landscape, trees, fences, patios, etc.)
BRIEF PROJECT D	ESCRIPTION:	
ADDLICANT	IDENTIFICATION	
Property Owner	w/	Tenant or Architect/Engineer/
Homeowner	Contractor	Business Occupant Architect/ Engineer/
NAME:		PANY NAME:
		STATE: ZIP:
PHONE:	MOBILE:	EMAIL:
PROJECT RE	VIEW REQUEST CHECKLIST	
	following documentation to your reques	INOTE:
	Building Permit Application	Based on the scope of work, additional documentation may be required.
	mit Number (only applicable if you've alreermits through ePLANS)	I See www.detroitmi.gov/hdc for scope- eady specific requirements.
	- .	ng & detailed photographs of the area(s) affected by captioned, e.g. "west wall", "second floor window," etc
Description of	of existing conditions (including materi	als and design)
	of project (if replacing any existing mate rather than repairof existing and/or co	
Detailed scop	pe of work (formatted as bulleted list)	
Brochure/cut	t sheets for proposed replacement mate	erial(s) and/or product(s), as applicable
Upon receipt of this	documentation, staff will review and inform	n you of the next steps toward obtaining your building

SUBMIT COMPLETED REQUESTS TO: HDC@DETROITMI.GOV

permit from the Buildings, Safety Engineering and Environmental Department (BSEtED) to perform the work.